NON-CUSTODIAL PARENT-TO-WORK CERTIFICATION FORM Please complete Section I below. This is a referral for employment-related services.

SECTION I: Participant Information (Please Print Clearly)			
First Name: Last Name:			
Case Number: SSN:		Birth date:	
Homeless O Yes O No Mailing Address:			
City: Zip Code: Telephone: GROW District:			
Do you have a child(ren) not living with you who receives any of the following: CalWORKs, Food Stamps, SSI or Medi-Cal? O Yes O No O Do not know If yes, please provide the following information:			
Name of Parent/Caretaker and Child	Date of Birth	Social Security Number	Gender
1.			□М□Г
2			□M □F
3.			_M _F
4.			□М □F
5.			□M □F
AUTHORIZATION FOR RELEASE OF INFORMATION: I certify that the above information is correct to the best of my knowledge. I authorize the release of the above information from DPSS to the recommended service provider in order to obtain employment training services. Signature: Date:			
SECTION II: Agency Referral/Request for Certification (To Be Completed by Agency)			
Name:			
Signature:Phone	e:	Fax:	
Comments:			
SECTION III: Certification (To Be Completed by GROW District or GROW Program Personnel)			
 Yes, linkage to a child receiving CalWORKs for months/years. Yes, linkage to a child who received (circle all that apply) CalWORKs, Food Stamps, SSI, Medi- Cal, Healthy Families within the last year. No qualifying linkage to a child. 			
Name: Title:			
Phone: Participant Referred to:			
Comments: ABP191 (Rev. 7/02)			